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Bib Data Sheet

CONFIRMATION NO. 5682

SERIAL NUMBER 10/671,325	FILING DATE 09/25/2003 RULE	CLASS 341	GROUP ART UNIT 2819	ATTORNEY DOCKET NO. 56/418
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APPLICANTS

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** CONTINUING DATA ***** *No.*
 ** FOREIGN APPLICATIONS ***** *Yes.*
 GERMANY 102 44 547.8 09/25/2002

 IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 12/17/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 4	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>IL</i>				

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TITLE
 PROCEDURE FOR THE DETERMINATION OF AN ABSOLUTE POSITION

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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